

## TOUCH PAD ACCESS CODE REQUEST FORM VIRGINIA TECH CHEMISTRY DEPARTMENT

This form must be completed in full (including signatures) in order to obtain **access codes** for any touch pad-secured Chemistry Department room. Return this form to the faculty or staff member responsible for the room and the access code will be issued within one business day.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Position \_\_\_\_\_

*(Faculty, Staff, Grad-student, Wage, Work Study, Research Scientist)*

### Building and Room Numbers for Access Codes Being Requested

Building	Room #	Code #	Term	Expiration Date	Approved By

I acknowledge that the following touch pad access codes are issued for my use only and will not be shared with anyone or posted in a public forum. I understand that failure to comply with all departmental policies will result in the revoking of access rights to the code holder. I will notify the responsible faculty or staff member immediately if my code has been compromised or any unauthorized access is detected. The code holder assumes all responsibility for ensuring that the space for which they have been granted access is kept secured at all times, and also agrees to comply with all Chemistry Department safety policies.

**\*\*\*\*\* Failure to comply with the above will result in disciplinary action and/or loss of access privileges \*\*\*\*\***

I hereby acknowledge receipt of access code(s) to rooms listed on this form and the conditions attendant to their issuance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization

\_\_\_\_\_ has my permission to be issued access codes to each of the \_\_\_\_\_

(total number) of rooms listed above for the purpose of

\_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)  
*Supervisor/Responsible Party*

\_\_\_\_\_ (Print)  
*Supervisor/Responsible Party*